



Request Duplicate Form W-2

Please return completed form to: County of Henrico
Payroll Office / Room 138
4301 E. Parham Road
Henrico, VA 23228
Email – Fin-Payroll@henrico.gov
Fax – (804) 501-5380

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the tax year _____ for the following employee:

Name: _____ Phone: _____

Last Four of Social Security Number: _____

You must provide photo identification such as a driver's license or an Employee ID Badge for ALL duplicate Form W-2 requests.

Distribution of form:

Pick-up from payroll office **(be prepared to show your photo id)**

Fax form to:

Mail form to:

(If requesting a fax or mail copy, please provide a copy of your photo id when returning this form.)

Reason for Request:

Signature:

Date:

Please allow five business days to process your request.

For Payroll Use Only: Date Received: _____ Date Sent: _____

Request Fulfilled By: _____